DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18806

FILED MAY 24 1944

Registration District No. 8026 Primary Registration District No. 8026 Registrar's No. 787

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Randolph
(b) City or town Moberly (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 308 E. Reed (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Randolph
(c) City or town Moberly (If outside city or town limits, write "RURAL")
(d) Street No. 308 E. Reed (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nathaniel Hubbard
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race col
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec (Month) 25 (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	3	20	hr. min.

9. Birthplace unknown (City, town, or county) Virginia (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name Henry Hubbard
13. Birthplace Va. (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Vernon Hubbard
(b) Address 308 E. Reed St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 17 43 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly
18. (a) Signature of funeral director R. L. Carr
(b) Address Moberly
19. (a) 5/17/43 (Date received by local registrar) (b) Irma Mc Kee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 15 Dr
year 1943 hour 5 minute 40 A.M.
21. I hereby certify that I attended the deceased from Apr 5 '43, 19 to Apr 13 19 43
that I last saw him alive on Apr 13 19 43
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic Poisoning	48 hrs
Due to Prostatis	10 days
Due to	
Other conditions T.B. (Include pregnancy within 3 months of death)	yrs

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Benj. S. Dolly (M. D. or other) MD
Address 201 W. Reed Moberly Date signed 4-17-43

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number S-43-870
Date Filed MAY 21 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed P. L. Carr

Licensed Embalmer No. 8190

P. O. Address Moberly Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. Jane Cr. 787

Registration District No. 294 Primary Registration District No. 3056 Registrar's No.

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nathaniel Hubbard
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive Years
7. Birth date of deceased Dec. 25 1874 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days If less than one day min.

9. Birthplace Va. (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER / FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 15
year 1943 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death Uremic Poisoning — Duration
Due to Prostatic 3 f 1
Due to
Other conditions (Include pregnancy within 3 months of death) T.B.
Major findings of operations Pulmonary
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (d) Means of injury

23. Signature Guy L. Fuller M.D. (M. D. or other)
Address 700 W. Reed Moberly Date signed 6-3-43

S-18806